



## NOTICE OF HEALTH INFORMATION PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### UNDERSTANDING YOUR HEALTH RECORD INFORMATION

This notice describes the practices of the American Ear and that of its staff with respect to your protected health information created while you are a patient at American Ear. Personnel authorized to have access to your medical chart are subject to this notice. In addition, the audiologists may share medical information with each other for treatment, payment or healthcare operations described in this notice:

We create a record of the care and services you receive at American Ear. We understand that medical information about you and your health is personal and private. We are committed to protecting medical information about you. This notice applies to all of the records of your care at American Ear.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of American Ear, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, healthcare operations as to disclosures permitted to persons, including your family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction.
- Obtain a paper copy of this notice of information practices.
- Inspect and request a copy of your health record as provided by law.
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record.
- Obtain an accounting of disclosures of your health information as provided by law.
- Request communication of your health information by alternative means or at alternative locations. We will accommodate reasonable requests.
- Revoke authorization to use or disclose health information except to the extent that action has already been taken in reliance on your authorization.

You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of this notice.

### OUR RESPONSIBILITIES

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our duties with respect to information we maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures.
- We reserve the right to change our practices and to make the new provisions effective for all health information we maintain, including information created or received before the changes. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at American Ear.
- We will not use or disclose your health information without your written authorization, except as described in this notice.



**ACKNOWLEDGEMENT OF THE RECEIPT OF NOTICE  
OF HEALTH INFORMATION PRACTICES**

The Health Insurance Portability & Accountability Act (HIPAA) is a federal government regulation that became effective April 13, 2003. This regulation was designed to ensure that you are aware of your privacy rights and of how your medical information can be used by our staff in providing and are arranging your medical care.

American Ear is furnishing you with the attached notice, which provides information about how American Ear and its audiologists may use and/ or disclose protected health information about you for treatment, payment healthcare operations and as otherwise allowed by law. By signing this form, you acknowledge that you have received a copy of American Ear *Notice of Health Information Practices*.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_